

# ACH DIRECT PAYMENT AUTHORIZATION

## FIXED AMOUNT MONTHLY TRANSFER

I hereby authorize Service Credit Union, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my checking account indicated below at the financial institution named below (hereinafter called "Other Financial Institution or other FI"), to credit and/or debit the same to such account.

Member Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Service Credit Union 10-digit account number (account number to be credited): \_\_\_\_\_

Other FI Name: \_\_\_\_\_ Other FI RT/ABA#: \_\_\_\_\_

First Transfer Date: (MM/DD) \_\_\_\_\_ (The DD must be either 01, 08, 15, 22 or 28)

- MM represents the first month the payment will be made and the DD represents the day of each month the transfer will be effective.

Debit Checking Account # (at other FI): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

- My account at the other financial institution will be debited (charged) and funds will be credited to my Service Credit Union Account.
- In the event that funds are not available in my account at the other financial institution and the entry is returned, Service Credit Union will impose a handling fee and resubmit the entry.
- If the due date for my transfer falls on a weekend or a holiday, my transaction will occur the next business day.
- I acknowledge that it is my responsibility to insure that sufficient funds are on deposit in my account on my loan payment due date(s) to make the minimum payment(s) due for loans coded automatic payment.

The authorization is to remain in full force and effect until Service Credit Union has received written notification from me of its termination in such time and in such manner as to afford Service Credit Union a reasonable opportunity to act on it.

By signing below I hereby agree to conform with all applicable state and federal laws.

Member Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Service Credit Union Use Only:**

Branch #: \_\_\_\_\_ Teller#: \_\_\_\_\_ Teller Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Attach voided check from your account at other financial institution.***

**ATTACH OTHER FI VOIDED CHECK HERE**